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PTO/SB/31 (09-04)  
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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number (Optional)</b> 678-759 (P10001)	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. on <u>March 13, 2006</u>  Signature <u><i>Paul J. Farrell</i></u> Typed or printed name <u>Paul J. Farrell</u>		In re Application of <b>Chang-Hoi KOO et al.</b>	
		Application Number <b>10/007,185</b>	Filed <b>October 19, 2001</b>
		For <b>DEVICE AND METHOD FOR TRANSMITTING MULTIMEDIA DATA IN A MOBILE ...</b>	
		Group Art Unit <b>2665</b>	Examiner <b>Davis, Cynthia L.</b>
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <b>\$ 500.00</b>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____			
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<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the		<u><i>Paul J. Farrell</i></u> Signature  <u>Paul J. Farrell</u> Typed or printed name  <u>03/13/06</u> Date	
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record. <b>Registration No. 33,494</b>			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

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